

**Main Office:**

STATE OF NEVADA  
**Board of Cosmetology**  
1785 E. Sahara, #255  
Las Vegas, Nevada 89104  
(702) 486-6542  
Fax (702) 369-8064



**Branch Office:**

STATE OF NEVADA  
**Board of Cosmetology**  
4600 Kietzke Lane, Bldg O Suite 262  
Reno, Nevada 89502  
(775) 688-1442  
Fax (775) 688-1441

## **Renewal Notice**

Please be advised that your license will expire/ has expired on. Please submit the following prior to your expiration date to continue your current license status:

- Every licensee who expires January 1<sup>st</sup>, 2011 and beyond is required to complete 4 CEU hours in Infection Control in order to renew. To take the class online free of charge, please visit our website at [www.cosmetology.nv.gov](http://www.cosmetology.nv.gov) and select Course Login under the box labeled Renewal. You will need to print the certificate of completion and include it with your renewal. **\*These hours will count toward your instructor CEU requirement.\***
- The enclosed renewal form including the completed "Child Support Questionnaire"
  - The Child Support form must be filled out by all licensees regardless of your situation. One box must be checked and your social security number, date, and signature are required by federal mandate. Any child support form not filled out will be denied renewal.
  - A copy of legal proof of name changes such as a marriage certificate, a divorce decree, or citizenship papers are required if you are changing your name.
- Two current identical pictures (1 ½ x 1 ½ inches):
  - Taken within the last 3 months and passport quality.
  - Color photos ONLY on Glossy Photo paper with a white background.
  - Prints on paper are not acceptable.
  - Face forward, no hats or sunglasses in frame.
  - Name and/or license number printed on the back of the pictures.
- Total renewal fee of \$70.00 in Money Order or Cashier's check (**No Personal Checks or Cash**);
  - Credit/Debit Cards will be accepted in person only: **Visa, MasterCard or Discovery only.**
  - Credit/Debit transactions require a matching government issued photo identification.
  - **Late fees accrue at a rate of \$20.00 per month past your due date.**
  - Make payable to *Nevada Board of Cosmetology*.
- All Instructors need to submit their required CEU's or 30 CEU's if this is your 1<sup>st</sup> renewal:
  - Only CEU's given by Nevada board approved providers will be accepted. Visit our website for a list of approved CEU providers and classes. [www.cosmetology.nv.gov](http://www.cosmetology.nv.gov)
- Please allow 4 weeks for processing to receive your Renewal License.

Sincerely,

Vincent Jimno  
Executive Director

## Renewal Form

### Nevada State Board of Cosmetology

1785 E. Sahara Avenue, Suite 255  
Las Vegas, Nevada 89104  
(702) 486-6542

4600 Kietzke Ln #O-262  
Reno, Nevada 89502  
(775) 688-1442

#### Renewal Instructions

**Total Renewal Fee of \$70.00. Late fees accrue at \$20 per month after expiry date.**

This renewal application must be signed and mailed to our office. Remit to either above address.

**To make a name or address change, please print changes below; name change requires legal proof.**

PN#																									
First Name													Middle Name												
Last Name																									
Address																									
City													State			Zip									
Phone					-					-					Salon Phone					-					
E-Mail																									

NAME OF ESTABLISHMENT: \_\_\_\_\_ CITY: \_\_\_\_\_

#### CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the renewal):

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with the plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Pursuant to NRS 644.212 and NRS 644.214 "Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.190 to 644.330, inclusive, shall submit to the board the statement prescribed by the welfare division of the Department of Human Resources pursuant to NRS 425.520. The statement must be completed and signed by the applicant, and must include the Social Security Number of the applicant.

*Do not write below this line; for Nevada State Board of Cosmetology use only*

Received									Receipt #					Amount Paid	\$				
	M	M	D	D	Y	Y	Y												

☐ Cashier's Check ☐ Money Order ☐ Credit Card ☐ Business Check ☐ Voucher